

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 24 1997 8:00am  
Secretary of State

DOCUMENT # F96000000236 (7)

1. Corporation Name

D & M NEWMAN ENTERPRISES INC.



Principal Place of Business

320 ST. JOHN STREET W  
WHITBY, ONTARIO  
CANADA L1N 1N5

360 WATSON ST W  
SUITE 105  
WHITBY, ON  
L1N 9G2

Mailing Address

320 ST. JOHN STREET W  
WHITBY, ONTARIO  
CANADA L1N 1N5

360 WATSON ST W  
SUITE 105  
WHITBY, ON  
L1N 9G2

2. Principal Place of Business

21 360 Watson St. West

Suite Apt #, etc.

22 Suite 105

City & State

23 Whitby, Ontario

Zip

24 L1N 9G2

Country

25 Canada

2a. Mailing Address

26 360 Watson St. West

Suite, Apt. #, etc.

27 Suite 105

City & State

28 Whitby, Ontario

Zip

29 L1N 9G2

Country

30 Canada

3. Date Incorporated or Qualified

01/12/1996

3a. Date of Last Report

4. FEI Number

98-0134512

Applied For

Not Applicable

6. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes ☐ No ☒

9. Name and Address of Current Registered Agent

GRIMES, MICHELE B  
200 S. ORANGE AVE.  
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and use if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME NEWMAN, DESMOND G  
STREET ADDRESS 320 ST. JOHN STREET WEST  
CITY-ST-ZIP WHITBY, ONTARIO, CANADA L1N 1N5

TITLE DP  
NAME 360 WATSON ST W  
STREET ADDRESS SUITE 105  
CITY-ST-ZIP WHITBY, ON CANADA L1N 1N5

TITLE DP  
NAME NEWMAN, DESMOND G  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

Desmond G Newman 9/27/97 905.666.3400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

06293363

CR2E034 (9/96)